2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # J81428

1. Entity Name
TEPPER AVIATION, INC.

Principal Place of Business	Mailing Address
FAIRCHILD ROAD CRESTVIEW, FL 32539 US	P.O. BOX 100 CRESTVIEW, FL 32536 US

04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2821261
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RICE, DALE E.
215 HWY 90 E.
CRESTVIEW, FL 32536

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HILL, JAYNA L
STREET ADDRESS	606 REGATTA DR.
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	SHANKLIN, CHARLES R
STREET ADDRESS	1763 OSPREY COVE
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	OWEN, JACK
STREET ADDRESS	9TH STREET
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL
TITLE	VP
NAME	OWENS, BOBBY L
STREET ADDRESS	1047 TALLOKAS
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	ST
NAME	PETTY, GRACIE T
STREET ADDRESS	1020 ALDERWOOD WAY
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000113770
04/15/04-80021-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jayna L. Hill Jayna L. Hill, Pres April 12, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #